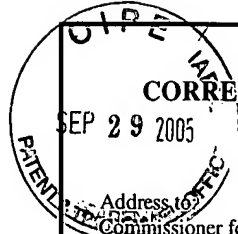


IFW



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|---|--------------------|------------------------|----------------|-----|--|
| CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i> Address to: Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 | | Application Number | 10/824,883 | | |
| | | Filing Date | April 14, 2004 | | |
| | | First Named Inventor | Tse, et al. | | |
| | | Art Unit | 2835 | | |
| | | Examiner Name | Unassigned | | |
| | | Attorney Docket Number | 039236-026000 | | |
| Please change the Correspondence Address for the above-identified application to: | | | | | <i>Place Customer Number Bar Code Label here</i> |
| <input checked="" type="checkbox"/> Customer Number <div style="border: 1px solid black; padding: 2px 20px;">22204</div> <i>Type Customer Number here</i> | | | | | |
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| <p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).</p> <p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor</p> <p><input type="checkbox"/> Assignee of record of the entire interest. Certificate under 37 CFF 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> Attorney or agent of record.</p> <p><input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____</p> | | | | | |
| Type or Printed Name | Donald L. Bartels | | | | |
| Signature | | | | | |
| Date | September 26, 2005 | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | |
| <input checked="" type="checkbox"/> *Total of 1 form is submitted. | | | | | |